STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

NOV 27 2017

PLEASE PRINT

NEW HAMPSHIRE

I. Name of Lobbyist(s)	John	Shea		DEPARTMENT OF ST	E FATE
II. Name of lobbyist's partnersh	įp, firm or cor	poration, if any:			
New Hamphe (Name of partners	hip, firm or corp	oration)	In Kikul	<u>C</u>	
Business Address: (Street)					
(603) <u>856-8537</u> (Telephone)	()_	715-512. (Fax)	e-mail J.s.h.	caenhfoi.org	
III. This statement covers: (Cho reportable expense transactions				nay file a separate report for	
All reportable transactions occ	urring in the m	onths prior to the re	porting date relative to	the following client:	
New Ma	mpsh,re	Fis Lat Popears on the Lobbyist	Registration Form)	lull	
OR		,	,		
All reportable transactions by tunrelated to any particular client.	he lobbyist (inc	cluding the lobbyist	s family), or the lobbyi	ng firm listed below which are	
IV. Date of Report April 26, Reports cover: activity from date		o 3/31/17 aci	July 26, 2017 [] ivity from 4/1/17 to 6/30/	17	
	25, 2017 🔽 7/1/17 to 9/30/1	7 ac	January 31, 2018 (atvity from 10/1/17 to 12/		
V. There have been no fees re If this box is checked, complete ju Concord, NH 03301.	eceived and n st this form and	o reportable tran I submit it to the Sec	sactions made since retary of State's Office	the last report. \(\subseteq\) State House, Room 204,	
VI. Check if additional reports	are attached:				
☐ If you have received fees or n	•	. •		•	
☐ If you have paid an honorariu Expense Reimbursement	m or reimburse	d expenses, you mu	st file Addendum B– I	Report of Honorariums or	
☐ If you, your firm, or your fam	ily has made po	olitical contributions	s, you must file Adden	dum C– Political Contributions	
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R and complete to the best of my kn	SA 14-C and Founded		,		
(Signature of lobbyist) John Sh	<u> </u>			/17 Date)	
(Print Name of lobbyist)	ein				